

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7893	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Terry W Farmer	
P.O. Box, Bldg., Room No., If any Suite 110	P.O. Box, Building and Room Number, If any Suite 110
Street 2300 Buena Vista S.E.	Street 2300 Buena Vista S.E.
City Albuquerque	City Albuquerque
State New Mexico	ZIP Code + 4 87106
5. Position in labor organization. Business Manager/Financial Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, If any: <input type="text"/> P.O. Box, Bldg., Room No., If any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>
7.b. Amount. <input type="text"/>	

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On **8-8-05** Date **8-8-05** Telephone Number **505-266-5878**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: National Energy Management Institute, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., If any: Suite 250

Street: 601 N. Fairfax St.

City: Alexandria

State: Virginia ZIP Code + 4: 22314

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: National Energy Management Institute Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., If any: Suite 250

Street: 601 N. Fairfax St.

City: Alexandria

State: Virginia ZIP Code + 4: 22314

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

11.a. Nature of such dealing.

Blue Corn II
Dinner meeting - NEMI

11.b. Approximate dollar value of such dealing.

\$79.91

12.a. Nature of interest held or income received.

Credit Card
9/12/04

\$79.91

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., If any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer <input type="checkbox"/>	or Consultant <input type="checkbox"/>	?
14.b. Amount of payment.		